MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01281

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County A.A. Co.
City or town Brookville Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County A.A. Co.
City or town Brooksville
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war. No

3.(a) FULL NAME Irvin Adams

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Married (Sep)

6.(b) Name of husband or wife Alice Adams
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1901

8. AGE: Years	Months	Days	If less than one day
50			..... hrs. ..... min.

9. Birthplace Va. (Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business Sand & Gravel Co
FATHER 12. Name Irvin Adams Sr.
13. Birthplace Va.
MOTHER 14. Maiden name Mary ?
15. Birthplace Va.
16. Informant Howard Vaughn
Address Morris Hill Md.
17. Burial (Burial, cremation, or removal? Which?) Date thereof Feb. 19 1952 (month) (day) (year)
Cemetery or crematory W.M. Zion Cem.
Location Sandosue Md.
18. Funeral director Mrs Katie R. Williams
Address 322 N. Schroeder St.
19. 2/19/52 (Date rec'd by registrar) 19 A.W. HEDRICH DMR. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16-52 noon at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1-52 19 to Feb 16-52 19 and that I last saw h.. alive on Feb 14-52 19

	DURATION
Immediate cause of death Lobar Pneumonia	1 Week
Due to	
Due to Acute Cardiac Failure	1 day
Other conditions Ascites + Leg Edema	

490X (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (Where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Salisbury Md. Date signed .....

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01282

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (In this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1923 Clifton Avenue

3. NAME OF DECEASED: (Type or Print) (First) Matthew (Middle) (Last) Alston

4. DATE OF DEATH: (Month) (Day) (Year) 2/20/52 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 1, 1920

9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck helper

10b. KIND OF BUSINESS OR INDUSTRY: Transfer Co.

11. BIRTHPLACE (State or foreign country): Littleton N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Whit Alston

14. MOTHER'S MAIDEN NAME: Susie Alston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Susie Alston 1923 Clifton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lung Tuberculosis — known to us since 2/8/52

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

002X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): none M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 2/8/52, 19....., to 2/20/52 19....., that I last saw the deceased alive on 2/20/52 19....., and that death occurred at 4:40 A.M. m., from the causes and on the date stated above.

SIGNATURE: [signature] — (DEGREE OR TITLE) ADDRESS: Crownsville, Md. — DATE SIGNED: 2/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 23, 1952 — NAME OF CEMETERY OR CREMATORY: Littleton, N.C. — LOCATION (City, town, or county) (State): North Carolina

DATE REC'D BY LOCAL REG.: February 23. 1952 — REGISTRAR'S SIGNATURE: R.W.S.

24. FUNERAL DIRECTOR ADDRESS: Mrs Katie R Williams — Scheocraft N.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01283

Reg. Dist. No. 2-1

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacobsville-P.O. Pasadena | LENGTH OF STAY (In this place) Few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Pasadena
STREET ADDRESS (If rural, give location) Lakeshore Drive.

3. NAME OF DECEASED (Type or Print): (First) Elijah (Middle) Brown (Last) Auger
4. DATE OF DEATH: (Month) Feb (Day) 22 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married.
8. DATE OF BIRTH: 1/7/1895
9. AGE last birthday: 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines
11. BIRTHPLACE (State or foreign country): Auger Kentucky U.S.A.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Samuel D. Auger
14. MOTHER'S MAIDEN NAME: Louise Greer.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 400-10-8512 (3)
17. INFORMANT AND ADDRESS: Mrs. Nacie Auger (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden
420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Eugene H Rawlerd (Degree or title) Assistant Deputy Medical Examiner ADDRESS: Glen Burnie, Md. DATE SIGNED: 2/24/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE THEREOF: 2/26/52 | NAME OF CEMETERY OR ~~CREMATORY~~: Cedar Hill | LOCATION (City, town, or county): A. A. Co. (State): Md.

DATE REC'D BY LOCAL REG.: 2/25/52 | REGISTRAR'S SIGNATURE: A W Pierce | 24. FUNERAL DIRECTOR: Wm Cook Inc. | ADDRESS: 217 E. Paul St

VT

VS-A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01284

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum | LENGTH OF STAY (In this place) 30 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204-21 Lynnwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Raley (Last) Barrow.
4. DATE OF DEATH: (Month) February (Day) 4 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	11/7/89	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeping		St. Clair-Muskegon	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Edward Raley	Susan McAllister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. George Barrow (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral hemorrhage - deceased	
976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) by self inflicted wound with	
(c) a lock Johnson Revolver Caliber #32	Sudden
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Linthicum	A. A.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
2/4/52 - 7.00 A.m.		Self inflicted wound - Revolver #32 Caliber

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave A. Faulenbach M.D.	Assistant Medical County Examiner	Linthicum Heights, Md.	2/6/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	2/6/52	Green Mount Crem.	Balto., Md.	

DATE REC'D BY LOCAL REG'R	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/5/52	A. D. Hedrick	Wm. J. Pichner & Sons	Balto Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

01285

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

VS-416 (7)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft George G. Meade
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge
STREET ADDRESS (If rural, give location): Box 305 Meadowridge Ave ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAVID	MICHAEL	BEHN	FEBRUARY	20	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W	S	24 June 51	yrs.	7	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William R Behn
14. MOTHER'S MAIDEN NAME: Alice I Buscall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mr George Buscall (Grandfather)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningitis, meningococcus, Waterhouse-Friedeichsen syndrone. — DOA

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

057.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ////// to ////// that I last saw the deceased alive on 20 Feb, 1952, and that death occurred at 1500 hrs, from the causes and on the date stated above.

SIGNATURE (Degree or title): Mary E. Steinheimer Capt. MC
ADDRESS: MARY E. STEINHEIMER, Capt., M.C. Ft Geo G. Meade, Maryland
DATE SIGNED: 21 Feb 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	22 Feb 52	Meadow Ridge Memorial Park	Elkridge, Howard, Maryland

DATE REC'D BY LOCAL REG. 21 Feb 52
REGISTRAR'S SIGNATURE: ARTHUR J. GOMBOSH, Capt., MSC
24. FUNERAL DIRECTOR AND ADDRESS: Donaldson Funeral Home Laurel, Md.

206241202405

RECEIVED
1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01286

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY A. A. Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stonehaven
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stonehaven A. A. Co. Md
STREET ADDRESS (If rural, give location) Stonehaven, A. A. Co. Md

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) (Last) BESSICKS
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1952

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 8/19/1892
9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Harford Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Glover
14. MOTHER'S MAIDEN NAME: Charlotte Weems

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: John Bessicks - Stonehaven A. A. Co., Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio Vascular Disease	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
443 X	(c) Arteriosclerotic Cardio Vascular Disease	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Feb 23, 1952, that I last saw the deceased alive on 2/21, 1952, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE: C. Brady Smith (Degree or title) M.D. ADDRESS Riviera Beach, Md DATE SIGNED 2/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 2/27/52 | NAME OF CEMETERY OR CREMATORY Mt Calvary | LOCATION (City, town, or county) (State) A. A. Co Md

DATE REC'D BY LOCAL REG. 2/25/52 | REGISTRAR'S SIGNATURE A W Hesnick

24. FUNERAL DIRECTOR 108 ADDRESS J. J. Brown & Son W Montgomery St

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12824

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville

LENGTH OF STAY (in this place): 10 yr. 9 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Balt. City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): not known

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Binns

4. DATE OF DEATH: (Month) (Day) (Year) 2/1/52 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: not known

9. AGE last birthday: 58(?) yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Pink Thomas

14. MOTHER'S MAIDEN NAME: Emma (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of) **********

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — known since 1/31/52

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Manic Depressive Psychosis, Manic Type " " 5/19/41

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none — (CITY OR TOWN) (COUNTY) (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): none M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 5/19/41, 19....., to 2/1/52..., 19....., that I last saw the deceased alive on 2/1/52....., 19....., and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. — (DEGREE OR TITLE) ADDRESS: Crownsville, Md. — DATE SIGNED: 2/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 2/1/52 — NAME OF CEMETERY OR CREMATORY: Univ. of Md. Med. School — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 2/7/52 — REGISTRAR'S SIGNATURE: L. J. De Alba

24. FUNERAL DIRECTOR — ADDRESS: Francis A. Hemsley 578 N. Biddle St

RECEIVED
FEB 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1288

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crownsville | LENGTH OF STAY (in this place) 30 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Blake

4. DATE OF DEATH: (Month) (Day) (Year) 2/19/52 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Negro	single	not known	66(?) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
not known	none	not known	

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) *******

16. SOCIAL SECURITY NO.: *****

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Lung Tuberculosis	known since 5/8/50
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Schizophrenia, Paranoid Type known since 10/20/21

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
none	none	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none		none		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none M.		none

22. I hereby certify that I attended the deceased from 10/20/21 19....., to 2/19/52 19....., that I last saw the deceased alive on 2/19/52 19....., and that death occurred at 2:55 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Jean Marguerite Jr. M.D. Crownsville, Md. 2/20/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/25/52	Mt Calvary Cmt	A.A. Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/21/52	A. W. HEDRICH	Isaiah L. Brown Son	108 W Montgomery Street

DMR.

Item 9 FilmG139 2/29/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

(1989)

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 1808 West St

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Brown

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1952

5. SEX: Fem. | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Feb. 23, 1892 | 9. AGE last birthday: 60 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Va | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Terry | 14. MOTHER'S MAIDEN NAME: Mary J. Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs Lucy H. Gregory Norfolk, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C.V.D. — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 422.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21/52, to 2/19/52, that I last saw the deceased alive on 2/18/52, and that death occurred at 12 Ex N m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank M. Shipley M.D. — 63 College Ave. Annapolis — 2/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Feb 28 52 | Brewer Hill | Annapolis Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS

Feb. 23, 1952 | W. T. Finch | J. B. Johnson — Annapolis

VS. A15.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 28 1952
BUREAU V. E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

290

Reg. Dist. No. 22

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel, Md.
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington, D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural, give location): 1664 Avon Place, N.W.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) John (Last) Callan, Jr.

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1/15/49

9. AGE last birthday: 3 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward J. Callan, Sr.

14. MOTHER'S MAIDEN NAME: Lutie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Records and Staff, DTS, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Cerebral Hemorrhage — 10 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): Status Epilepticus — 11 hrs.
(c): Organic Brain disease — Life

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Mental deficiency (Idiot)

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1952, to 2-21, 1952, that I last saw the deceased alive on 2-21, 1952, and that death occurred at 12:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): B. Lindsley M.D. — ADDRESS: Medical Officer D.T.S. Laurel. — DATE SIGNED: 2/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 2/25/52 — NAME OF CEMETERY OR CREMATORY: Hash. National Cemetery — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 2-22-52 — REGISTRAR'S SIGNATURE: Clara Kaslup — 24. FUNERAL DIRECTOR: W.W. Chambers Co — ADDRESS: 3072 M N.W. Wash. D. C.

$34 oc.

RECEIVED
MAR 5 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01291

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Crownsville, Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) (Last) Collins

4. DATE OF DEATH: (Month) 2/18/52 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: not known

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of) ********** (illegible) **********

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: known since 2/8/52

DUE TO

331.4 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Paranoid Type known since 10/8/19

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour) M.: none

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 10/8/19, 19....., to 2/18/52, 19....., that I last saw the deceased alive on 2/18/52, 19....., and that death occurred at 11:00 A.M., from the causes and on the date stated above.

SIGNATURE Jacob Margenstern (DEGREE OR TITLE) ADDRESS Crownsville, Md. DATE SIGNED 2/18/52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF 3/5/52 — NAME OF CEMETERY OR CREMATORY Crownsville — LOCATION (City, town, or county) (State) Crownsville, Md.

DATE REC'D BY LOCAL REG. 3-3-51 — REGISTRAR'S SIGNATURE H. M. Joyce

24. FUNERAL DIRECTOR Dr. Jacob Margenstern — ADDRESS Crownsville, Md.

VS. A15 8-51

RECEIVED
MAR 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01292

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND; LENGTH OF STAY (In this place) D.O.A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw; STREET ADDRESS (If rural, give location) old Philadelphia Road

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) (Last) COUPLIN

4. DATE OF DEATH: (Month) Feby (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: MAR. 15. 1900

9. AGE Last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber sawyer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Couplin

14. MOTHER'S MAIDEN NAME: Elizabeth Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: ?

17. INFORMANT AND ADDRESS: Mrs Edward Couplin - Bradshaw Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed Chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal Injuries

(c) Fractured right hip.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY In Woods

(CITY OR TOWN) near St. Margarets (COUNTY) A.A. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Feby 7, 1952 m.

INJURY OCCURRED While at work X / Not while at work ☐

HOW DID INJURY OCCUR? Tree fell on him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Caffy, M.D., Deputy Medical Examiner, Annapolis, Md 2/7/52

BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2-10-52

NAME OF CEMETERY OR CREMATORY Asbury Cem

LOCATION (City, town, or county) (State) Hurley Balto Co. Md

DATE REC'D BY LOCAL REG. February 9th 1952

REGISTRAR'S SIGNATURE R.W.

FUNERAL DIRECTOR ADDRESS Wm Frankert Hurley Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01293

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; LENGTH OF STAY (in this place) 25 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location) Old Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) MARIA (Last) CREIDLER

4. DATE OF DEATH: (Month) February (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: JAN 19, 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Webster

14. MOTHER'S MAIDEN NAME: Fannie Valeria Bassett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Elbert Nostle Glen Burnie, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 7 mos

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1944, to February, 1952, that I last saw the deceased alive on 2/16, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: Bobby L. Jones, MD (Degree or title) ADDRESS: Glen Burnie DATE SIGNED: 2/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 20, 1952 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county): Brooklyn R.F.D. (State): Md.

DATE REC'D BY LOCAL REG. 2/20/52 | REGISTRAR'S SIGNATURE: L. J. DeCelles

24. FUNERAL DIRECTOR: R.V. Singleton ADDRESS: Glen Burnie, Md.

VS. A15

RECEIVED
FEB 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

91294

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospi

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Anne Arundel COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 37 Lafayette Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Vernon (Last) Darnell

4. DATE OF DEATH: (Month) 2 (Day) 1/1952 (Year) 19

5. SEX: M le

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/22/1

9. AGE last birthday: 5 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ar U.S.N.

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): A n il, Maryl

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James C. Darnell

14. MOTHER'S MAIDEN NAME: Hattie Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 2[illegible]-1[illegible]

17. INFORMANT AND ADDRESS: Alice Darnell [illegible] Lafayette Ave. Anne Ar[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute yellow Atrophy liver — Interval Between Onset and Death: 4-6 days

550X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(023X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphilitic aortitis — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27, 1952 to 2/1, 1952 that I last saw the deceased alive on 2/1, 1952 and that death occurred at 9P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M. Shipley M.D. 63 College Ave Annapolis 2/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/4/1952

NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery

LOCATION (City, town, or county) (State): West St. Annapolis, Md.

DATE REC'D BY LOCAL REG. Feb. 5, 1952

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Chas. E. [illegible] ADDRESS: [illegible] West St. Annapolis, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 91295

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 2 yrs. 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill, Maryland
STREET ADDRESS (If rural, give location): Market Street

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Last) Davis

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1890?

9. AGE last birthday: 62? yrs. — IF UNDER 1 YEAR: Months —, Days — — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Noie Baine

14. MOTHER'S MAIDEN NAME: Margaret Rolley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): - -

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) - - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	Known to us since adm. 7/11/49
422 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized Arteriosclerosis	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - -

(CITY OR TOWN): - - (COUNTY): - (STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? - -

22. I hereby certify that I attended the deceased from 7/11, 19.49., to 2/26, 19.52., that I last saw the deceased alive on 2/26, 19 52, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Crownsville, Maryland — DATE SIGNED: 2/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/29/1952 — NAME OF CEMETERY OR CREMATORY: Baptist Cemetery — LOCATION (City, town, or county) (State): Snow Hill, Md.

DATE REC'D BY LOCAL REG.: Feb 27 1952 — REGISTRAR'S SIGNATURE: K M Joe

24. FUNERAL DIRECTOR ADDRESS: Mrs. Charles E. Hicks-45 Northwest St. Annapolis, Maryland

3-1-52

US A15 8-51

RECEIVED
MAR 5 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1396 B

Reg. Dist. No. 10

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Davis #2
4. DATE OF DEATH (Month) 2/29/52 (Day) (Year) 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: not known
9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henson Davis
14. MOTHER'S MAIDEN NAME: Betty Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — known since 2/19/52

Antecedent cause(s) [illegible] or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 2/19/52, 19..., to 2/29/52, 19..., that I last saw the deceased alive on 2/29/52, 19..., and that death occurred at 4:55 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Crownsville, Md. DATE SIGNED: 2/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 3-4-52 | NAME OF CEMETERY OR CREMATORY: John Wesley | LOCATION (City, town, or county) (State): Aquasco Md

DATE REC'D BY LOCAL REG. 3.4.52 | REGISTRAR'S SIGNATURE: [signature] R. M. Joyce

24. FUNERAL DIRECTOR: [signature] ADDRESS: Lyon Waldorf Md

RECEIVED
MAR 5 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01297

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glen Burnie
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 434 N. Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lucy (Last) Forney

4. DATE OF DEATH: (Month) (Day) (Year) February 29th 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4/7/70

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrisonburg, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Curry

14. MOTHER'S MAIDEN NAME: Amanda Swanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Paul Messick, (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Mitral Stenosis (at least	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General Arteriosclerosis " "	3 months
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12, 19.52, to 2/29/52 19....., that I last saw the deceased alive on 2/26/52, 19....., and that death occurred at 8.40 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Garland K. Faulkenbridge MD Glen Burnie Md 3/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 3 '52

NAME OF CEMETERY OR CREMATORY Cross Roads Cemetery

LOCATION (City, town, or county) (State) Millersville Md

DATE REC'D BY LOCAL REG. 3/3/52

REGISTRAR'S SIGNATURE L. E. Deale

24. FUNERAL DIRECTOR Bernard A. Funk

ADDRESS 417 Ave Nr Glen Burnie Md

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11-98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Margate - P.O. Glen Burnie
LENGTH OF STAY (in this place) 17 Y
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 211 - Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN do
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) CLARA - DAWSON - FREBURGER

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6/24/1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Edward Eaton

14. MOTHER'S MAIDEN NAME: Lavina Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Edward L. Freburger, Margate, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Arteriosclerosis — Interval Between Onset and Death: + 3 Y.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Hypertension — + 2 Y.

DUE TO (c)

4427

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 44, to 2/4, 19 52 that I last saw the deceased alive on 2/2, 19 52 and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE Gustave A. Freburger M.D. (DEGREE OR TITLE) ADDRESS Glen Burnie, Md. DATE SIGNED 2/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): B

DATE THEREOF 2-6-52

NAME OF CEMETERY OR CREMATORY Catedral

LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 2-7-52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS 130 E. Fort Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61299

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 6105 Blackburn Lane

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Evans (Last) Freeman

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Aug-13-1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): East Delaware N. Y.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjman Jones

14. MOTHER'S MAIDEN NAME: Ellen E. Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Henry Hopkins (daughter) Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic Heart Disease — Interval between onset and death: Several yrs.

420 0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis — Several yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Feb 1, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE: George C. Bond (Degree or title) M. D. ADDRESS: Annapolis Md DATE SIGNED: 2-3-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 2-5-52 | NAME OF CEMETERY OR CREMATORY Sleepy Hollow | LOCATION (City, town, or county) Sarrytown (State) N. Y.

DATE REC'D BY LOCAL REG. Feb 3 1952 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01300

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 629 Chase Ave.

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) R. (Last) GARNER
4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1952
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single
8. DATE OF BIRTH: Oct 21-1891
9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Del Wit.
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): A A Co Md.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: George Garner Sr.
14. MOTHER'S MAIDEN NAME: Joanna Rockhold Garner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hal R. Garner Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis Chr., with Myocardial — Several
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sampping — Months
(c) Arteriosclerosis generalized — unkn

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostasis — unkn

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1952, to Feb 19, 1952, that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 10.05 p.m., from the causes and on the date stated above.

SIGNATURE: George C. Boyle (Degree or title) M D ADDRESS: Annapolis Md DATE SIGNED: 2.21.52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF: 2-22-52 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff — LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG.: Feb 22, 1952 — REGISTRAR'S SIGNATURE: W. F. Lynch — 24. FUNERAL DIRECTOR: John M. Sayler Son ADDRESS: Annapolis Md.

RECEIVED
FEB 26 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#1301

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1945 West St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 1945 West St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Green

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 24 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months 6 Days; If under 24 hrs.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer at U.S.N. Academy.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): U.S.A. Ce. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Matthew Green

14. MOTHER'S MAIDEN NAME: Caroline (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Annie Green 1945 West St, Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro Vascular Accident

231X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5-52, to 2-15-52, 19....., that I last saw the deceased alive on 2-14 52, 19....., and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: C. T. Allen (Degree or title) MD ADDRESS 10 Carroll DATE SIGNED 2-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 18, 1952 — NAME OF CEMETERY OR CREMATORY: Brewer Hill — LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REG.: Feb. 18, 1952 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: J.B. Johnson, Annapolis Md. ADDRESS

VS.1.A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01302

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY AA. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY AA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn.
STREET ADDRESS (If rural, give location) 115 Audrey Ave.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M. (Last) Grimes
4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 19 52

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W | 8. DATE OF BIRTH 3.26.69 | 9. AGE last birthday 82 yrs. | If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Grimes | 14. MOTHER'S MAIDEN NAME Katherine Weitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Henry - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 5 mos.

450.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No | 19b. MAJOR FINDINGS OF OPERATION No | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1951, to Feb 16, 1952, that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 12 40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Allan Y. Wolins, M.D. | 5004 Ritchie Hwy Balto 25, Md | Feb 16, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 2.19.52 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 2/19/52 | REGISTRAR'S SIGNATURE A.W.Hedrich | 24. FUNERAL DIRECTOR ADDRESS Agnes L. McCarey 130 E. Fort Ave.

DMR

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1303

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY G. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parole
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parole
STREET ADDRESS (If rural, give location) Defense Highway

3. NAME OF DECEASED (Type or Print): (First) John (Middle) D. (Last) Grimes

4. DATE OF DEATH: (Month) 2 (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept-20-1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Cotton - Peanuts

11. BIRTHPLACE (State or foreign country): Tarboro N C

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: John Grimes

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: J. P. Grimes Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis Generalized — Interval Between Onset and Death: Unknown

(c) + Cerebral

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Interval Between Onset and Death: Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27, 1952, to 2-29, 1952, that I last saw the deceased alive on 2-29, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: George C Boyd (Degree or title) M.D. ADDRESS: Annapolis Md DATE SIGNED: 3-2-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 3-1-52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Tarboro N. C.

DATE REC'D BY LOCAL REG.: Mar 1, 1952

REGISTRAR'S SIGNATURE: W. T. Smith

24. FUNERAL DIRECTOR: John W. Sayles Son — ADDRESS: Annapolis Md.

VS (Art.)

RECEIVED
MAR 4
BUREAU W. S.

01304

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenland Beach (Balto. 26) — LENGTH OF STAY (in this place) 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS #136 Greenland Beach Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenland Beach, Balto 26.
STREET ADDRESS (If rural, give location) #136 Greenland Beach Road

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (none) (Last) GROH
4. DATE OF DEATH (Month) (Day) (Year): Feburary 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: May 24, 1891
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Jung
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr. Herman Groh, Greenland Beach Rd. Balto. #26

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Cardio Vascular Failure	1 year
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) secondary Anemia	2 years
	(c) Carcinoma Uteri	2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to 2/18 , 1952, that I last saw the deceased alive on 2/18 , 1952, and that death occurred at 4:20 P m., from the causes and on the date stated above.

SIGNATURE: G. Brady Smith, M.D. (Degree or title) — ADDRESS: Riviera Beach, Md. — DATE SIGNED: 2, 18 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb. 21, 1952 | NAME OF CEMETERY OR CREMATORY: Glen Haven | LOCATION (City, town, or county) (State): Glen Burnei, Md.

DATE REC'D BY LOCAL REG. 2/20/52 | REGISTRAR'S SIGNATURE: R. J. Dr Alba | 24. FUNERAL DIRECTOR: R. V. Singleton, ADDRESS: Glen Burnie, Md.

VS-A15

RECEIVED
FEB 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

91305

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rooklyn; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 Pontiac Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn; STREET ADDRESS (If rural, give location) 905 Pontiac Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) B. (Last) HAINES

4. DATE OF DEATH (Month) Feb. (Day) 4, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	arried	Aug. 22, 1880	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ailroad Contractor	Self	Maryland	USA

13. FATHER'S NAME: Copeland Haines

14. MOTHER'S MAIDEN NAME: Fannie Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	.?	r. Myrl A. Haines 3312 Belston Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis, Carcinoma Prostate

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arthritis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to Feb., 1952, that I last saw the deceased alive on Feb. 3, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE Samuel Ruben (Degree or title) M.D. ADDRESS 203 Patapsco Ave Balto 21 DATE SIGNED 2/4/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/6/52	Cedar Hill	A. A. county Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/5/52	D.W. Hedrick Deputy	Wm J Buckner, Sons Inc	Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61306

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-115

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater, Beach, Edgewater, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EUNICE (Middle) V. (Last) HALE

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 29, 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Civil Service

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred M. Cornwell

14. MOTHER'S MAIDEN NAME: Lillian Lee Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Robert A. Hale Jr.-son-Edgewater, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of liver — Interval Between Onset and Death: 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastases through lungs and intestines

(c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952, to Feb. 7th, 1952, that I last saw the deceased alive on Feb 6th, 1952, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Keith Reedle M.D. ADDRESS 42 State Circle Annapolis, Md. DATE SIGNED 2-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-9-52

NAME OF CEMETERY OR CREMATORY: Congressional Cem.

LOCATION (City, town, or county) (State): Washington D.C

DATE REC'D BY LOCAL REG.: Feb. 7, 1952

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: The S. A. Hines Co. ADDRESS: 2901 14th St N.W Washington D.C.

RECEIVED
FEB 11 19
BUREAU W. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01307

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park — LENGTH OF STAY (in this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 213-10, 4th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
STREET ADDRESS (If rural, give location): 213 W 4th Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Lanigan

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) '52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12/28/1864

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Delaware, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Lanigan

14. MOTHER'S MAIDEN NAME: Elizabeth Browning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Eic M. Lanigan # 213-4th Ave. Brooklyn Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 3 days

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio-Vascular Renal Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952, to Feb 16, 1952, that I last saw the deceased alive on Feb 16, 1952, and that death occurred at 7:15 P m, from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Kalen M.D. — ADDRESS: 320 Dubgates Ave — DATE SIGNED: 2/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/19/52 — NAME OF CEMETERY OR CREMATORY: Holy Cross — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 2/18/52 — REGISTRAR'S SIGNATURE: A.W. Hedrich

24. FUNERAL DIRECTOR: John Gonzales Inc. — ADDRESS: 90 W Hoffman St.

DMR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1308

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Churchton — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Churchton Md — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Howard

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1952

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 1873

9. AGE last birthday: 78 yrs. — If under 1 year: Months 7? / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Churchton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Brooks

14. MOTHER'S MAIDEN NAME: Sarah (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Ned Tyler Churchton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Uterus — Interval Between Onset and Death: 2 years.

174 L

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patient — Selected Hysterectomy

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Feb 4, 1952, that I last saw the deceased alive on Feb 3, 1952, and that death occurred at 7.45 P m., from the causes and on the date stated above.

SIGNATURE: R. L. Richardson (Degree or title) M.D. ADDRESS: 110 Dan St Annapolis, Md. DATE SIGNED: 2/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 7 1952 — NAME OF CEMETERY OR CREMATORY: Franklyn — LOCATION (City, town, or county) (State): Churchton, Md.

DATE REC'D BY LOCAL REG.: Feb. 7, 1952 — REGISTRAR'S SIGNATURE: J. B. Dent

24. FUNERAL DIRECTOR: J. B. Johnson — ADDRESS: Annapolis, Md.

RECEIVED
FEB 14 1
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01309

Reg. Dist. No.....

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; LENGTH OF STAY (in this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 2022 Rupp Street ✓

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) Edward; (Last) Jackson

4. DATE OF DEATH: (Month) 2; (Day) 29; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 7, 1905

9. AGE last birthday: 46 yrs. If under 1 year: Months 0; Days 0; If under 24 hrs.: Hours 0; Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Ogden Jackson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - - - (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Paresis — Interval Between Onset and Death: Known to us since 2/1/52

25X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - - - - (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - - - - - -

22. I hereby certify that I attended the deceased from 1/28, 1952, to 2/29, 1952, that I last saw the deceased alive on 2/29, 1952, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE Jacob Mayer M.D. (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 2/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 3-3-1952; NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.; LOCATION (City, town, or county) Balto. Co.; (State) Md.

DATE REC'D BY LOCAL REG. 3/3/52; REGISTRAR'S SIGNATURE D.W. Redmond Asst.; 24. FUNERAL DIRECTOR Holland Funeral Home - 1631 Druid Hill Ave.; ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1310

Reg. Dist. No. Queen 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) Several hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ALONZO (Middle) (Last) JACOBS

4. DATE OF DEATH: (Month) Feby (Day) 16 (Year) 1952

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 22 1910

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: House Bldgs.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Jacobs

14. MOTHER'S MAIDEN NAME: Elizabeth Laager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Amanda Jacobs Centerville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Infarction both lung	6½ hours
816.4 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of gladiolus and manubrium	
	(c) 4th, 5th, 6th & 3rd ribs Left side nipple line	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Rural Highway (CITY OR TOWN) near Annapolis (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) Feby (Day) 16 (Year) 1952 (Hour) 10 AM
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Collision of automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Wm M. Cathell M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 2/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/19/52 NAME OF CEMETERY OR CREMATORY Chestnut Field LOCATION (City, town, or county) Centerville (State) Md

DATE REC'D BY LOCAL REG. Feb. 17, 1952 REGISTRAR'S SIGNATURE J. Frank Brewer

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

FEB 20 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2311

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville; LENGTH OF STAY (In this place) 3 mos. 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY City; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 2141 Division Street

3. NAME OF DECEASED (Type or Print): (First) Bora (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 2/26/52 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: not known

9. AGE last birthday: 82(?) yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lung Tuberculosis — Interval Between Onset and Death: known since 2/8/52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile Psychosis knwon since 11/1/51

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): nohe m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 11/1/51, 19..., to 2/26/52, 19..., that I last saw the deceased alive on 2/26/52, 19... and that death occurred at 1:25 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Crownsville, M. DATE SIGNED: 2/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/3/52

NAME OF CEMETERY OR CREMATORY: Mt. Zion

LOCATION (City, town, or county) (State): Baltimore Co. Md

DATE REC'D BY LOCAL REG.: 3/3/52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR / ADDRESS: Joseph U. Davis - 661 W. Lanvale St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C1312

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crownsville
LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudley
ADDRESS (If rural, give location) none known

3. NAME OF DECEASED: (Type or Print) (First) Preston (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 2/17/52 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: ?

9. AGE last birthday: 75(?) yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ********

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) General Arteriosclerosis known since 1/13/51
450.0
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis " "

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13/51, 19....., to 2/17/52, 19....., that I last saw the deceased alive on 2/17/52, 19....., and that death occurred at 1:55 A.M. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Carl Mangum M.D. Crownsville, Md 2/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb 21 1952
NAME OF CEMETERY OR CREMATORY Adams
LOCATION (City, town, or county) (State) Drury Md

DATE REC'D BY LOCAL REG. 2-22
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR T H Hardesty & Son Edgewood Md ADDRESS

RECEIVED
FEB.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1313

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Park — LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 303 Zepplin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY an. ar.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 303 Zeppelin ave.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (Last) JONES

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: unk.

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Fireman

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jones

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-05-9450

17. INFORMANT AND ADDRESS: Emma Jones 303 Zeppelin Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	15 min.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	2 yrs +
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to Feb 7 1952, that I last saw the deceased alive on Feb 7, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: C. Milton Smithcamp (Degree or title) M.D. ADDRESS: Linthicum Heights Md DATE SIGNED: Feb 8, 1952.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2 12 52 | NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem | LOCATION (City, town, or county) (State): A A Co Md

DATE REC'D BY LOCAL REG.: 2/11/52 | REGISTRAR'S SIGNATURE: A W Hedrick | 24. FUNERAL DIRECTOR: Sarah L Brown Son ADDRESS: 108 W Montgomery St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11314

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis, Md
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ballo
STREET ADDRESS (If rural, give location) 1604 St. Paul St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) C. (Last) LOUDERMAN

4. DATE OF DEATH: (Month) FEB (Day) 23 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 8/20/1875

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ballo Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Conway

14. MOTHER'S MAIDEN NAME: Mary O'Connell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edward M Schilling 3414 Elmley Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Heart Disease. — INTERVAL BETWEEN ONSET AND DEATH: ?
420.0
Antecedent cause(s) DUE TO
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Extreme Anaemia; Malnutrition; Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1952, to 2/23, 1952, that I last saw the deceased alive on 2/22, 1952, and that death occurred at 10.10 P. m., from the causes and on the date stated above.

SIGNATURE Maurice F Downs (DEGREE OR TITLE) MD ADDRESS Annapolis Md DATE SIGNED 2/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 26-52 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) (State) Ballo Md

DATE REC'D BY LOCAL REG. 2/25/52 — REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc — ADDRESS 1217 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1315

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena; LENGTH OF STAY (in this place) 10yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1220 Beach Promenade

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.Ct.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena; STREET ADDRESS (If rural, give location) 1220 Beach Promenade

3. NAME OF DECEASED (Type or Print): (First) William (Middle) George (Last) Malle

4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 29, 1898

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal

10b. KIND OF BUSINESS OR INDUSTRY: Riggs Distler

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Malle

14. MOTHER'S MAIDEN NAME: Margaret Werner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 217-03-2906

17. INFORMANT AND ADDRESS: Margaret Malle-wife-Stoney Beach Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subarachnoid Hemorrhage — Interval Between Onset and Death: 4 hours

330 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952, to Feb. 28, 1952, that I last saw the deceased alive on Feb. 26, 1952 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Randall M. McSwain III M.D. Pasadena. Md. Feb. 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: March 3, 1952

NAME OF CEMETERY OR CREMATORY: Sacred Heart

LOCATION (City, town, or county) (State): O'Donnell St. Md.

DATE REC'D BY LOCAL REG. 3/3/52

REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: KRAUSE FUNERAL HOME

ADDRESS: 1215 S. Charles St.

Dr. Richardson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ishkatonka
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Mansfield (Last) Mason

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1952

5. SEX Male | 6. COLOR OR RACE Color | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 24 | 9. AGE last birthday 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Farm | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland A. A. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas M. Mason | 14. MOTHER'S MAIDEN NAME Susan A. Linen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Emma C. Mason

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lobar Pneumonia — Interval between onset and death: 1 Week

490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteri - Sclerotic Hypertension

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1952 to Feb 23, 1952, that I last saw the deceased alive on Feb 23, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE: L. Richardson (Degree or title) M.D. ADDRESS 110 - Oak St. Ellicott City Md. DATE SIGNED Feb 25 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 26/52 | NAME OF CEMETERY OR CREMATORY Holy Lady of Relief | LOCATION (City, town, or county) Millersville (State) Md.

DATE REC'D BY LOCAL REG. Feb 25, 1952 | REGISTRAR'S SIGNATURE H. M. Jones 3-1-52

24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 5 195?
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1317

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1507 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
STREET ADDRESS (If rural, give location): 1507 West Street

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) T (Last) MILLER

4. DATE OF DEATH: (Month) FEBRUARY (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 13, 1860

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months 5 Days 19 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Chembersburg, Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alffed Britton

14. MOTHER'S MAIDEN NAME: Mary Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Mrs. Owen Faust 1507 West St. Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Cerebral Hemmhage and Lefts — DUE TO

3317 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) hemiplegia Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Feb 2, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) George C Bond M. D. ADDRESS Annapolis Md DATE SIGNED 2-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-5-52 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG. Feb. 5, 1952 — REGISTRAR'S SIGNATURE W. O. Munch

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

RECEIVED
FEB 6 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #1318

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (In this place): 362 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: ~~Anne Arundel~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto, Md.
STREET ADDRESS (If rural, give location): 757 N. Washington St. Balte., Md.

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) (Last) Miller

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 10, 1885

9. AGE last birthday: 66 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Miller

14. MOTHER'S MAIDEN NAME: Phoebe Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Rachel T. Hollis, Daughter Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive and Arteriosclerotic Cardiovascular Disease	3 Yrs.
443X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerisis	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None — (CITY OR TOWN) None — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None M. — INJURY OCCURRED While at work ☐ Not while at work ☐ None — HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 2-5, 19 51, to 2-2, 19 52, that I last saw the deceased alive on 2-2 19 52, and that death occurred at 8-35 PM m., from the causes and on the date stated above.

SIGNATURE Jacob Mangueta M.D. — (DEGREE OR TITLE) — ADDRESS Crownsville, Md. — DATE SIGNED 2-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 2-6-52 — NAME OF CEMETERY OR CREMATORY Carbutus Mem. Pk — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2/4/52 — REGISTRAR'S SIGNATURE — N. FUNERAL DIRECTOR Joseph L. Locke — ADDRESS 1304 N. Central Ave

DNK

MARYLAND STATE DEPARTMENT OF HEALTH

01319

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2151-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY: Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bridgeville
STREET ADDRESS (If rural, give location): 329 Center Street

3. NAME OF DECEASED (Type or Print): (First) Janice (Middle) – (Last) Murdaca
4. DATE OF DEATH: (Month) February (Day) 9, (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: 7 Feb 1952
9. AGE last birthday: yrs. If under 1 year: Months – Days 2 | If under 24 hrs.: Hours – Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): –
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Bruno Stephano Murdaca
14. MOTHER'S MAIDEN NAME: Eve Charlotte Ewaskey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: –
17. INFORMANT AND ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intracranial Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	2 days
	(c)	

765.5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. –

19a. DATE OF OPERATION: –
19b. MAJOR FINDINGS OF OPERATION: –
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): –
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: –
(CITY OR TOWN) (COUNTY) (STATE): –
TIME OF INJURY (Month) (Day) (Year) (Hour): – m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? –

22. I hereby certify that I attended the deceased from 7 Feb, 1952, to 9 Feb, 1952, that I last saw the deceased alive on 9 Feb, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
MARY E. STEINHEIMER, Capt., MC			
Mary E. Steinheimer	Capt. M.C	U.S. Army Hospital Ft. Meade Md	9 Feb 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12 Feb 52	Post Cemetery	Ft. Geo. G. Meade, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
20 Feb 52	[illegible]	Ferdinand b. Leisher, Capt. (Cha, Corps USA)

VS Form 1

RECEIVED
FEB 25 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

4320

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville-nr Annapolis
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Davidsonville-nr Annapolis

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville-nr Annapolis
STREET ADDRESS (If rural, give location) Davidsonville-nr Annapolis

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) [illegible] (Last) Neal

4. DATE OF DEATH: (Month) 2/3/52 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: 4/1/[illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Prince [illegible] Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Watman Savoy

14. MOTHER'S MAIDEN NAME: Ellen Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: William [illegible] Davidsonville-nr Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 2 days

491 K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1952, to 2/3, 1952; that I last saw the deceased alive on 2/3, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Florence H. Johnson M.D. ADDRESS 20 Northwest Street Annapolis, Md. DATE SIGNED 2/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/[illegible]/52 — NAME OF CEMETERY OR CREMATORY: Forrestville Parish Cemetery — LOCATION (City, town, or county) Forrestville, Md (State)

DATE REC'D BY LOCAL REG.: Feb. 5, 1952 — REGISTRAR'S SIGNATURE: Carrie Smith Asst. 2-7

24. FUNERAL DIRECTOR: Mrs. Charles E. Hicks-45 [illegible] ADDRESS: Annapolis, Maryland

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FEB
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01321

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
County A. A. Co.
City or town Severn Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County A.A. Co.
City or town Severn
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war No.

3.(a) FULL NAME Martha Oden

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Married

6.(b) Name of husband or wife Gilbert Oden
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1908

8. AGE: Years	Months	Days	If less than one day
43	—		hrs. ..... min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name James Potts
13. Birthplace Delware

MOTHER
14. Maiden name Cora Mitchell
15. Birthplace Va.

16. Informant Gilbert Oden
Address Severn Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 22, 1952 (month) (day) (year)
Cemetery or crematory Saints Rest
Location Harmons Md.

18. Funeral director Mrs Katie R. Williams
Address 322 N. Schroeder St.

19. 2/19 1952 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17th 1952 at 5-30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 11-52 19.. to Feb 17-52 19.. and that I last saw h.. alive on Feb 16-52 19..

Immediate cause of death	DURATION
Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions	
Uncl.	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Joseph J. Mackey M. D. or other
Address Glenburnie Md. Date signed .....

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Park; LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Shenandoah Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Park
STREET ADDRESS (If rural, give location) 306 Shenandoah Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Peoples
4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1952
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9 - -1906
9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at the Home
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John Hark N. C.
14. MOTHER'S MAIDEN NAME: Judy Edwards N. C.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Jennie Peoples 306 Shenandoah ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1952, to Feb 14, 1952, that I last saw the deceased alive on Feb 13 1952, and that death occurred at 7:25 A m., from the causes and on the date stated above.

SIGNATURE: C. Rulon Luthcuin (Degree or title) M.D. ADDRESS: Luthcuin Hgts Md. DATE SIGNED: Feb 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-19-52 | NAME OF CEMETERY OR CREMATORY: Mt. Auburn | LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG.: 2/18/52 | REGISTRAR'S SIGNATURE: A.W. HEDRICH DM.R. | 24. FUNERAL DIRECTOR: Williams & Jackson | ADDRESS: 914 Penna ave

MARYLAND STATE DEPARTMENT OF HEALTH 12323

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 WEST STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASHINGTON, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D.C.
STREET ADDRESS (If rural, give location) 4612 Addison Rd.

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) J (Last) PHIPPS
4. DATE OF DEATH: (Month) February (Day) 1, (Year) 52 19

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: August 12, 1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Prince George County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ***** (If yes, give war or dates of service) ****
16. SOCIAL SECURITY NO. *********
17. INFORMANT AND ADDRESS: MRS. MARGARET PHIPPS 311 West St, Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE HEART FAILURE — SUDDEN

442K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARDIO-RENAL HYPERTENSIVE DISEASE — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ANNAPOLIS (CITY OR TOWN) ANNE ARUNDEL (COUNTY) MARYLAND (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 2-2-52 1:45p m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | ~~HOW DID INJURY OCCUR?~~ NATURAL CAUSES

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE John W. Clatty M.D. (Degree or title) ADDRESS Medical Examiner Anne Arundel County- Annapolis, Md. DATE SIGNED 2-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-4-52 | NAME OF CEMETERY OR CREMATORY: Mt. Harmany Cemetery | LOCATION (City, town, or county) (State): Mt. Harmony, Calvert, Md.

DATE REC'D BY LOCAL REG. Feb 4, 1952 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS: Ben L. Hopping and Son Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15A

Item 14 FilmG139 2/29/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

61324

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ..... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ..... LENGTH OF STAY (In this place) .....
HOSPITAL OR INSTITUTION OR STREET ADDRESS .....

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ..... COUNTY .....
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN .....
STREET ADDRESS (If rural, give location) .....

3. NAME OF DECEASED (Type or Print): (First) ..... (Middle) ..... (Last) .....

4. DATE OF DEATH: (Month) ..... (Day) ..... (Year) 195

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH .....

9. AGE last birthday: 73 yrs. If under 1 year: Months ..... Days ..... If under 24 hrs: Hours ..... Min. .....

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) .....

10b. KIND OF BUSINESS OR INDUSTRY .....

11. BIRTHPLACE (State or foreign country) .....

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME .....

14. MOTHER'S MAIDEN NAME: Mary ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) .....

16. SOCIAL SECURITY NO. .....

17. INFORMANT AND ADDRESS .....

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) .....

420 | Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE ..... (Degree or title) ..... ADDRESS ..... DATE SIGNED 2/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 17, 1952 | NAME OF CEMETERY OR CREMATORY Mt. Tabor | LOCATION (City, town, or county) Chesterfield Co. (State) Md.

DATE REC'D BY LOCAL REG. Feb 17 1952 | REGISTRAR'S SIGNATURE .....

24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis Md.

VS.-A15A

22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1825

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

1. PLACE OF DEATH: COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magothy Manor, Arnold
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Magothy Manor, Arnold

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold
STREET ADDRESS (If rural, give location) Magothy Manor

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) A. (Last) Rose

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 52 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 13, 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Yellow Cab

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles B. Rose

14. MOTHER'S MAIDEN NAME: Sophie Leichlider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-05-7592

17. INFORMANT AND ADDRESS: Mrs. Genevieve Rose, Arnold, A.A. Co. D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Emphysema	3 yrs
2417 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial asthma	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1952, to Feb 12, 1952, that I last saw the deceased alive on Feb 12, 1952, and that death occurred at 1 40 P m., from the causes and on the date stated above.

SIGNATURE: Gene A. Preston (Degree or title) MD. ADDRESS: Severna Park Md DATE SIGNED: Feb 13, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 16/52

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 2-15-52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Harry A. Luitje ADDRESS: 4101 Emerson Ave

01326

22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Severn
LENGTH OF STAY (in this place) 10 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Somerset Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Severn
STREET ADDRESS (If rural, give location) Somerset Ave.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) C (Last) SCHATZ

4. DATE OF DEATH: (Month) February (Day) 10 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: October 31 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostler.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Catonsville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Schatz

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Otc. Ogahm. Severn a.a. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval Between Onset and Death: 3 days

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Cardio Vascular Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1952, to 2/10, 1952, that I last saw the deceased alive on 2/9, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bobby L. Jones M.D. Glen Burnie Md 2/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-13-52

NAME OF CEMETERY OR CREMATORY: St. Louis

LOCATION (City, town, or county) (State): Clarksville, Md.

DATE REC'D BY LOCAL REG. 2/11/52

REGISTRAR'S SIGNATURE: John B. Linthicum Asst. D.E.S. Clara Hasley

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

VS-A15

1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1327

1. PLACE OF DEATH: COUNTY A. A. County; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) R.F.D. 1 - Annapolis.

3. NAME OF DECEASED (Type or Print): (First) Hettie (Middle) May (Last) Seeger.

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 19 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): HILLSDALE - MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Shipley

14. MOTHER'S MAIDEN NAME: Harriet E. Edmondson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —; (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Elmer A. Murphy R.F.D. #1, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Ac. Pulmonary infarct., Bilateral	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart disease with Aortic insuf. & Mitral Stenosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —; (CITY OR TOWN): —; (COUNTY): —; (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1952, to 2/21, 1952, that I last saw the deceased alive on 2/20, 1952, and that death occurred at 2:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Maurice J. Klavano M.D. ADDRESS: Annapolis, Md. DATE SIGNED: 2/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2/25/52; NAME OF CEMETERY OR CREMATORY: London Park Cemetery; LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 2-27; REGISTRAR'S SIGNATURE: —

24. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 N. Paul Street

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — STREET ADDRESS (If rural, give location) Maryland Hotel

3. NAME OF DECEASED (Type or Print): (First) Clenton (Middle) S. (Last) Shaw

4. DATE OF DEATH: (Month) 2 — (Day) 23 — (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Oct-10-1887

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assessor A. A. Co.

10b. KIND OF BUSINESS OR INDUSTRY: Assessor for Co.

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Fred W. Shaw

14. MOTHER'S MAIDEN NAME: Ida Sumerung

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Alvin L. Shaw / Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis of Brain (Hypertension) — unknown

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-22, 1952, to 2-23, 1952, that I last saw the deceased alive on 2-23, 1952, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE: George C. Bonic (Degree or title) M. D. ADDRESS: Annapolis Md DATE SIGNED: 2-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 2-25-52 | NAME OF CEMETERY OR CREMATORY: Cedar Bluff | LOCATION (City, town, or county): Annapolis (State): Md.

DATE REC'D BY LOCAL REG.: Feb 25, 1952 | REGISTRAR'S SIGNATURE: Mary V. Smith | 24. FUNERAL DIRECTOR: John W. Taylor Son ADDRESS: Annapolis Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-2

RECEIVED
FEB 26 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1329

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federia
LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackson-Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MOZELL (Middle) (Last) SHIVER.

4. DATE OF DEATH: (Month) February (Day) 1 (Year) 19-2

5. SEX: Female

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1905

9. AGE last birthday: 46 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Abbeville County - S. C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-32-2346

17. INFORMANT AND ADDRESS: Mrs. Irene Mozell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1 da.

420 | **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/3/52 — NAME OF CEMETERY OR CREMATORY: Mount Olive — LOCATION (City, town, or county) (State): Abbeville County S.C.

DATE REC'D BY LOCAL REG.: 2/4/52 — REGISTRAR'S SIGNATURE: T. W. Kennedy

24. FUNERAL DIRECTOR — ADDRESS: Williams & Jordan Funeral Home

VS. A15A

Evidence for addition of cause of death shown on Film G139 2/12/52 dmr. From Good Sam. Home 3-7-52 ams

7330

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 700 Peach St. Good Samaritan Home

3. NAME OF DECEASED: (Type or Print) (First) Fanny (Middle) (Last) Simms

4. DATE OF DEATH: (Month) (Day) (Year) 2/7/52 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
female	colored	not known	not known	61(?) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
not known	none	not known	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
not known	not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
*******	**********	Transferred from private nursing home--no information

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis — DUE TO

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
none	none	Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none	none		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none M.		none

22. I hereby certify that I attended the deceased from 2/5/52, 19....., to 2/7/52, 19....., that I last saw the deceased alive on 2/7/52, 19....., and that death occurred at 3:00A M. a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Carl Margulies M.D. Crownsville, Maryland 2/7/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Private	2-10-52	Mt Calvary	Balto Co	

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/8/52	Mrs Rachel [illegible]	James Casdaylos	638 N. Plum St

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01531

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 315 Severn Ave

3. NAME OF DECEASED: (Type or Print) (First) EDMUND (Middle) W (Last) SMITH

4. DATE OF DEATH: (Month) FEBRUARY (Day) 12 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 2, 1917	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Govt. Employee	Museum	Model craftsman	New York, New York	USA

13. FATHER'S NAME: Marvin D. Smith

14. MOTHER'S MAIDEN NAME: Alice L. Lonergan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Bernadine Smith same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of liver with metastasis to lung	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

155X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Sept., 1951 to 2-12-, 1952 that I last saw the deceased alive on 2-12-, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) M.D. ADDRESS: Annapolis, Md. DATE SIGNED: 2-14-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-15-52	Fort Lincoln Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 15, 1952	[signature]	B.L. Hopping and Son	Annapolis, Md.

RECEIVED
FEB 18 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1532

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

The correct ag

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 96 Conduit St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 96 Conduit St

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	MARY	ELLEN	SMITH	Feby	26	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Wid.	Nov 9th 1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Columbus Ohio	U.S.A.

13. FATHER'S NAME John L. Ehrie
14. MOTHER'S MAIDEN NAME Margaret Lust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS C. Elder Smith Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	unknown
4500 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arterio-Sclerosis	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Coffey M.D.	Deputy Medical Examiner	Annapolis Md.	2/6/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2-28-52	Cedar Bluff	Annapolis Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FE 27 1952	W. O. Dawson	John W. Taylor Sun	Annapolis Md.

VS. M45A

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1333

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Winchester
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Winchester, md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Ann. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Winchester
STREET ADDRESS (If rural, give location): Winchester, Md.

3. NAME OF DECEASED (Type or Print): (First) Isiah (Middle) (Last) Stansbury

4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1865

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Stansbury

14. MOTHER'S MAIDEN NAME: Margret Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mr Charles Stansbury Severnside Farm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Rectum — Interval between onset and death: 6 months

154K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteria - Sclerosis

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952, to Feb 3, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 9:50 P m., from the causes and on the date stated above.

SIGNATURE: K.R. Rickwardson — (Degree or title) M.D. — ADDRESS 110 Clay St Annapolis Md — DATE SIGNED 2/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 7, 1952 — NAME OF CEMETERY OR CREMATORY: Broadneck Cemetery — LOCATION (City, town, or county) (State): Skidmore Md.

DATE REC'D BY LOCAL REG.: Feb. 7, 1952 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: William Reese & 108 W. Wash. St Annapolis, Maryland

VS. A16

RECEIVED
FEB 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21 — 1334

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Annapolis
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Epping Forest

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Annapolis
STREET ADDRESS (If rural, give location) Epping forest

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) JAMES (Last) STEWARTSON
4. DATE OF DEATH: (Month) Feby (Day) 17 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 3 1877
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Hanger Retired
10b. KIND OF BUSINESS OR INDUSTRY: Wrapping paper
11. BIRTHPLACE (State or foreign country): Pittsburg, Penna
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William Brown Stewartson
14. MOTHER'S MAIDEN NAME: Harriet Bradley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. A. J. Stewartson Annapolis Md Route 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — sudd

434.3 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY Yes ☐ No

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evident obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulte from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M Reilly M.D. Deputy Medical Examiner Annapolis Md 2/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 2-17-52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REG. Feb. 17, 1952 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS
Robt T. French Robt T. Stevens Co. 2901-14th St. N.W. WASH. D.C.

VS: A15A

FEB 20 1952
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 4 mos. two weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 901 W. Saratoga Street

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Pernell (Last) Street

4. DATE OF DEATH: (Month) (Day) (Year) 2/12/52 19

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 3/1/18
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Gee
14. MOTHER'S MAIDEN NAME: Nellie Bellefiled

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ***********
16. SOCIAL SECURITY NO.: ******
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Failure, Patent Ductus Arteriosus
DUE TO known since 9/22/51

7541

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Paranoid Type " "

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) nohe
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none
(CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 9/22/51, 19......, to 2/12/52, 19......, that I last saw the deceased alive on 2/12/52, 19......, and that death occurred at 4:00A.M. ......m., from the causes and on the date stated above.

SIGNATURE [signature] M.D. (DEGREE OR TITLE) ADDRESS Crownsville, Md. DATE SIGNED 2/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb. 16, 1952
NAME OF CEMETERY OR CREMATORY Arbutus Memorial
LOCATION (City, town, or county) (State) Arbutus Md.

DATE REC'D BY LOCAL REG. 2/15/52
REGISTRAR'S SIGNATURE A.W.Hedrich
24. FUNERAL DIRECTOR Mrs Katie R. Williams
ADDRESS Schroeder St.

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01336

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park, Balto 25, LENGTH OF STAY (In this place) 3 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 - Second Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park, Baltimo 25
STREET ADDRESS (If rural, give location) 103 - Second Avenue

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) E. (Last) Sunstrom

4. DATE OF DEATH: (Month) Feb. (Day) 8, (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: March 25, 1879 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive Engineer | 10b. KIND OF BUSINESS OR INDUSTRY: B.&O.R.R | 11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William C. Sunstrom | 14. MOTHER'S MAIDEN NAME: Virginia May Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes - S-A-W | 16. SOCIAL SECURITY NO.: 705-09-1840 | 17. INFORMANT AND ADDRESS: Mrs Emma C. Sunstrom - Home (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10 ..., 1949..., to 2-8 ..., 1952., that I last saw the deceased alive on 2-8 ..., 1952, and that death occurred at 11:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. J. Ginnaldi, M.D. - 4609 Gov. Ritchie Hwy Feb. 8 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 11, 1952 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Brooklyn, B.C.Co, Md.

DATE REC'D BY LOCAL REG. 2-11-52 | REGISTRAR'S SIGNATURE Mrs Frederick | 24. FUNERAL DIRECTOR ADDRESS: G. Howard Evans 1400 S. Charles St, Baltimo 30, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

B 337 Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3005 Raynor Av.

3. NAME OF DECEASED: (First) SALLIE (Middle) E (Last) THOMPSON (Type or Print)

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: 11-26-1867

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Bailey

14. MOTHER'S MAIDEN NAME: Mary E. Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mary E. Marr 517 Edgewood St Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — DUE TO — Interval Between Onset and Death: yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fract. Pubic Bone; Senile psychosis.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1951, to 2/6, 1952, that I last saw the deceased alive on 2/1, 1952, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Maurice J. Klaus MD Annapolis, Md 2/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-9-52

NAME OF CEMETERY OR CREMATORY Parsons Cemetery

LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REG. Feb. 7, 1952

REGISTRAR'S SIGNATURE W. T. Branch

24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.

RECEIVED
FEB 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01233

Reg. Dist. No. 21

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lowell (Middle) Thomas (Last) Truelove

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: Jany 20 1952

9. AGE last birthday: yrs. 30 days. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Truelove

14. MOTHER'S MAIDEN NAME: Virginia Nador

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: John W. Truelove Crownsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition. 5 day duration. — Interval Between Onset and Death: 22 days

571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Some Vomiting + diarrhea — 22 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1952, to 2-19, 1952, that I last saw the deceased alive on 2-19, 1952, and that death occurred at 9:40 p m., from the causes and on the date stated above.

SIGNATURE Philip Brescia (Degree or title) MD ADDRESS 212 N. George St Annapolis DATE SIGNED 2-21-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 2-21-52 — NAME OF CEMETERY OR CREMATORY Cedar Bluff — LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Feb. 21, 1952 — REGISTRAR'S SIGNATURE H. T. French — 25. FUNERAL DIRECTOR John W. Taylor Son ADDRESS Annapolis Md.

VS. A15

RECEIVED
FEB
BOARD OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1639

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The exact age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater P.O.
STREET ADDRESS (If rural, give location) Woodland

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) C (Last) TURNER
4. DATE OF DEATH: (Month) Feby (Day) 21 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Apr. 7 1870
9. AGE last birthday: 81 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stone Mason
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Rudolph Turner
14. MOTHER'S MAIDEN NAME: Antheson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. H. Grove, Brentwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial Infarct	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis of Coronary Arteries	etc unknown
	(c)		

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feby 20, 1952, to Feby 21, 1952, that I last saw the deceased alive on Feby 20, 1952, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE: John M. Claffy (Degree or title) M.D ADDRESS: Annapolis Md DATE SIGNED: Feby. 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2-21-52 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. Feb. 21, 1952 REGISTRAR'S SIGNATURE W. J. Bruch

24. FUNERAL DIRECTOR Wm T Gaseltine Sons ADDRESS Bladensburg Md

FEB 25 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 1340

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 (8-51)

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 918 N. Pine Street

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Whalen

4. DATE OF DEATH: (Month) Feb. (Day) 28, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1911

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Whalen

14. MOTHER'S MAIDEN NAME: Amelia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Amelia Whalen 918 N. Pine St., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 02)2	(a) Syphilitic Meningo-Encephalitis	known to us since
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO Congenital Syphilis	March 30, 1925
	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hydrocephalus Idiot since birth

19a. DATE OF OPERATION: 6

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 41, to Feb. 28, 52, that I last saw the deceased alive on 2/28/52 A.D., and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] M.D. Crownsville State Hospital 2/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/3/52 NAME OF CEMETERY OR CREMATORY Mt Zion LOCATION (City, town, or county) (State) Landsdowne Md.

DATE REC'D BY LOCAL REG. 3/3/52 REGISTRAR'S SIGNATURE A.W. Reduck

24. FUNERAL DIRECTOR Leonard Whalen ADDRESS 705 Woodlawn Ave

Item 3a FilmG140 3/6/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C1341

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johns Hopkins Maternity Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 40 North West St

3. NAME OF DECEASED (Type or Print): (First) Deborah (Middle) Louise (Last) White

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF BIRTH: 2-14-1952

9. AGE last birthday: yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. (Even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fulton L. Johnson

14. MOTHER'S MAIDEN NAME: Mary White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Failure — Interval Between Onset and Death: 1 hr.

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14/52, 19..., to 2/15/52, 19..., that I last saw the deceased alive on 2/15, 1952, and that death occurred at 6 00 P m., from the causes and on the date stated above.

SIGNATURE Sheridan L. Johnson (Degree or title) M.D. ADDRESS 40 North West Street Annapolis, Md DATE SIGNED 2/19/52

23. BURIAL, CREMATION / REMOVAL (Specify) Burial DATE THEREOF 2-19-1952 NAME OF CEMETERY OR CREMATORY Town Neck LOCATION (City, town, or county) Edgewater, Md. (State)

DATE REC'D BY LOCAL REG. Feb 19, 1952 REGISTRAR'S SIGNATURE W. J. French

24. FUNERAL DIRECTOR Wilson Lease Jr. - K&W. H. Washington ADDRESS Annapolis, Md

VS. A15

RECEIVED
MAR 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 7 — 1342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND — LENGTH OF STAY (If hospital or institution) 8 years
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cor. Fourth & Nevada Av.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location) Cor. 4th & Nevada Av.

3. NAME OF DECEASED (Type or Print): (First) EARLINE (Middle) (Last) WHITE

4. DATE OF DEATH: (Month) Feby. (Day) 4 (Year) 1952

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced — 8. DATE OF BIRTH: Apr. 16 1882 — 9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic — 10b. KIND OF BUSINESS OR INDUSTRY: Care of Sick — 11. BIRTHPLACE (State or foreign country): South Carolina — 12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: D. L. McKay White — 14. MOTHER'S MAIDEN NAME: Harriett DuBose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: D. DuBose White, Odenton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarct — Interval between onset and death: Sudden

42: 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John M. Claffy M.D. Deputy Medical Examiner Annapolis, Md 2/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-3-52 — NAME OF CEMETERY OR CREMATORY Dunn Protestant — LOCATION (City, town, or county) (State) Dunn, North Carolina

DATE REC'D BY LOCAL REG. 2-2-52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
Lee & Gilchrist 403 S Wolfe St.

RECEIVED
DEC 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]13

CERTIFICATE OF DEATH

Reg. Dist. No. 21

Dr. Bond

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 311 Taylor Ave

3. NAME OF DECEASED (Type or Print): (First) EVELYN (Middle) I (Last) WHITE

4. DATE OF DEATH: (Month) FEBRUARY (Day) 12 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	July 29, 1907	44 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Washington, D.C.	USA

13. FATHER'S NAME: Franklin Cranford

14. MOTHER'S MAIDEN NAME: Annie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	no	none	Mr Lawrence A. White same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Myocardial Infarct	3 yrs
420.1 (260.x)	(c) DUE TO Myocardial Insufficiency	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	Several yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1951, to Feb 12, 1952; that I last saw the deceased alive on Feb 12, 1952; and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE: George C. Bond (DEGREE OR TITLE): M. D ADDRESS: Annapolis Md DATE SIGNED: 2-14-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-16-52	Cedar Bluff Cemetery	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 15, 1952	[signature]	B.L. Hopping and Son	Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 18 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01344

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (In this place) 2 Mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 110 Witherspoon Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	MATTHEW	WHITE	Feby	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	Dec 1 1891	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	Law	Bellona	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John A White	Amelia V. Badenhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	WW I	none	Mrs Gertrude H. White Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	Intermit.
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John M. Coffy M.D. Deputy Medical Examiner	Annapolis Md	2/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 27/52	Woodlawn	Woodlawn Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/25/52	[illegible]	Stewart Memorial	Balto.

VS. A15A

01345

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STATE: MARYLAND; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Forest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Anne Arundel; COUNTY: Md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): Forest Drive

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Williams

4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 24 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months 3; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert Co. Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Stephen Reed

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary Ellis. Forest Drive, Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Disease	4 yr.
	(c)	

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11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28, 1952, to 2/28/52, 19....., that I last saw the deceased alive on 2/28, 1952, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE: Gordon H. Johnson M.D. (Degree or title) ADDRESS: Northern Avenue Annapolis, Md. DATE SIGNED: 2/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: March 1, 1952; NAME OF CEMETERY OR CREMATORY: Union Methodist; LOCATION (City, town, or county) (State): Davidsonville, Md

DATE REC'D BY LOCAL REG.: Feb. 29, 1952; REGISTRAR'S SIGNATURE: W. D. French

24. FUNERAL DIRECTOR: J.B. Johnson ADDRESS: Annapolis, Md

RECEIVED
MAR 3 19
BUREAU V. S.